Navilyst Medical, Inc.

26-June-2013

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510(k) Summary for the NMI PICC III and NMI HPICC III

Date prepared: 26-June-2013

A. SPONSOR

Navilyst Medical, Inc 26 Forest Street Marlborough, MA 01752

B. CONTACT

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C. DEVICE NAME

Trade Name:	NMI PICC III and NMI HPICC III
Common/Usual Name:	Peripherally Inserted Central Catheter (PICC)
Classification Name:	Short and Long-Term Intravascular Catheter
	21 CFR §880.5970, Class II
Classification Panel:	General Hospital

D. PREDICATE DEVICE

Trade Name:	NMI PICC III and NMI HPICC III
Common/Usual Name:	Peripherally Inserted Central Catheter (PICC)
Classification Name:	Short and Long-Term Intravascular Catheter
	21 CFR §880.5970, Class II
Classification Panel:	General Hospital
Premarket Notification(s):	K121089, K122882

E. DEVICE DESCRIPTION

INTENDED USE(S):

The NMI PICC III is indicated for short- or long-term peripheral access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids, medications and nutrients, the sampling of blood, for central venous pressure monitoring and for power injection of contrast media.

Maximum Power Injection Flow Rate		
Description	Flow Rate	
4F Single Lumen - 55cm length	3.5 mL/sec	
5F Single Lumen - 55cm length	5 ml./sec	
5F Dual Lumen – 55 cm length	4 ml./sec	
6F Dual Lumen – 55cm length	5 mL/sec	

The NMI PICC III with PASV Valve Technology is indicated for short- or long-term access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids, medications and nutrients, the sampling of blood, and for power injection of contrast media.

Maximum Power Injection Flow Rate		
Description	Flow Rate	
3F Single Lumen – 55cm length	I ml/sec	
4F Single Lumen - 55cm length	3.5 ml/sec	
5F Single Lumen – 55cm length	5 mL/sec	
5F Dual Lumen – 55cm length	4 mL/sec	
6F Dual Lumen – 55cm length	5 mL/sec	
6F Triple Lumen - 55cm length	6 mL/sec	

The NMI HPICC III is indicated for short- or long-term peripheral access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids, medications and nutrients, the sampling of blood, and for power injection of contrast media. Non-valved lumens are indicated for central venous pressure monitoring. The maximum power injection flow rate for the NMI HPICC III is 6 mL/sec.

F. SUMMARY OF SIMILARITIES AND DIFFERENCES IN TECHNOLOGICAL CHARACTERISTICS AND PERFORMANCE

The proposed device has identical materials, design, components and technological characteristics as the predicate intravascular catheters.

Both the proposed and predicate devices are, in brief,

- intended for short- or long-term peripheral access to the central venous system for intravenous therapy, blood sampling and power injection of contrast media,
- available in single and multi-lumen configurations in a wide range of sized from 3 to 6 FR outside catheter diameter,
- rated for maximum power injector settings up to 325 psi,
- rated for maximum power injection flow rate up to 6 ml/second based on model,
- available kitted with a range of procedural accessories for user convenience; and
- demonstrative of enhanced resistance to blood component (platelet and thrombus) accumulation.

G. PERFORMANCE DATA

The NMI PICC III and NMI HPICC III are substantially equivalent to predicate devices based on comparison of technological characteristics and the results of non-clinical tests which included biocompatibility testing conducted in accordance with ISO-10933-1.

H. CONCLUSION

The results of the non-clinical testing and a comparison of similarities and differences demonstrate that the proposed and predicate devices are substantially equivalent.







Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

July 31, 2013

Navilyst Medical, Incorporated Mr. Brandon Brackett Specialist, Global Regulatory Affairs 26 Forest Street MARLBOROUGH MA 01752

Re: K131942

Trade/Device Name: NMI PICC III and NMI HPICC III

Regulation Number: 21 CFR 880.5970

Regulation Name: Percutaneous, Implanted, Long-Term Intravascular Catheter

Regulatory Class: II Product Code: LJS Dated: June 26, 2013 Received: July 2, 2013

Dear Mr. Brackett:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations. Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Mary S. Runner -S

Kwame Ulmer M.S.
Acting Division Director
Division of Anesthesiology, General Hospital,
Respiratory, Infection Control and
Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS FOR USE	IND	ICA	TIO	NS	FOR	USE
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510(K) NUMBER (IF KNOWN): 13/947

DEVICE NAME: NMI PICC III and NMI HPICC III

INDICATIONS FOR USE:

The NMI PICC III is indicated for short- or long-term peripheral access to the central venous system for intravenous therapy, including but not limited to, the administration of fluids. medications and nutrients, the sampling of blood, for central venous pressure monitoring and for power injection of contrast media.

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Division Sign-Off)

Division of Anesthesiology, General Hospital nfection Control, Dental Devices

10(k) Number: <u>K131942</u>

Prescription Use (21 CFR 801 Subpart D) And/Or AND/OR Over-The-Counter Use: (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Richard C. Chapman 2013.07.30 15:44:42

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